

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2014
FORM APPROVED
OMB NO. 0938-0391

45-4106114

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|---|--|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/20/2014 |
| NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS A recertification survey and complaint investigation #33071 was completed on February 18 - 20, 2014, at Bethesda Health Care Center. No deficiencies were cited related to complaint investigation #33071 under 42 CFR PART 483.13, Requirements for Long Term Care Facilities. | F 000 | | | |
| F 431 SS=D | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to | F 431 | 483.60(b), (d), (e) Drug Records, Label/Store Drugs & Biologicals SS=D <u>Requirement:</u> Drugs and biologicals used in the facility will be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. The facility will ensure that medications available for resident use will not be expired. <u>Corrective Action:</u> 1. On 2/20/14 the DON removed the identified expired medications from two of the five medication carts within the facility. 2. On 2/21/14 the DON, ADON, and Staffing Coordinator conducted a facility audit of medication carts, medication supply rooms, and treatment cart to ensure that there were no expired medications accessible to patients. 3. On 2/25/14 the Administrator conducted an in-service with the DON, ADON, Staffing Coordinator, Treatment Nurse, and Risk Management Nurse concerning the need to remove expired medications from the medication carts and medication supply rooms. On 3/5/14 DON conducted in-service with nursing staff concerning the removal of expired medications. 4. The facility will monitor for compliance through audits performed by the DON, ADON, and Staffing Coordinator. Facility audits to be performed weekly for three months; then monthly for six additional months. Findings will be reviewed in Quality Assurance Committee. | | 03/5/14 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] ADON

ADMINISTRATOR

3/6/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 431 | <p>Continued From page 1</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure all the medications available for resident use were not expired on the medication carts for 2 of 5 medication carts reviewed.</p> <p>The findings included:</p> <p>Observation with Licensed Practical Nurse #1 (LPN) of the 500 hall medication cart on February 20, 2014, at 10:05 a.m., revealed Thicken Up individual packages 12 of twenty-four with an expiration date of August 21, 2013; Gas-X strips 10 of 18 strips with an expiration date of September 2013; bottle of B-12 1000 mcg (micrograms) 50 remaining of 100 tablets expired in January 2014.</p> <p>Interview with LPN #1 at the time of the observation confirmed medications were expired and available for resident use.</p> <p>Observation of the north 200 medication cart with LPN #2 on February 20, 2014, 10:30 a.m., revealed one unopened bottle of PreNatal vitamins with an expiration date of June 2013.</p> <p>Interview with LPN #2 at the time of the observation confirmed the medication was expired and available for resident use.</p> | F 431 | | | |

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| F 431 | Continued From page 2 Interview with the Director of Nursing (DON) on February 20, 2014, at 11:00 a.m., in the conference room confirmed all expired medications are to be discarded. Continued interview with the DON revealed the facility did not have a policy for expired medications. | F 431 | | | |

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